

CKLA

COMBAT KARATE LEAGUE
Aotearoa

Fighters Registration

<u>Personal Details</u>		** Please complete all boxes **
Name		
Address		
Contact Phone No.		
Date of Birth		
Email address		
Existing medical conditions/Injuries		
Emergency contact person		
Emergency contact no.		
Division entering (Current weight)		
Karate Style & Grade (Club name & current grade)		

Participants/Fighters Waiver

- To the best of my knowledge, I am in good physical condition and fully able to participate in this course. I am fully aware of the risks and hazards connected with the participation in Karate including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to me and my property.
- **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this course. I further certify that I am at least 18 years of age. If under 18, my parent/guardian is the below signed.
- I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE**, Combat Karate League Aotearoa, their officers, servants, agents, and employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the event is being conducted.
- In signing this release, I acknowledge and represent that I **HAVE READ THE FOREGOING** Waiver of Liability and **UNDERSTAND IT AND SIGN IT VOLUNTARILY** as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreements have been made; and **I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.**

Student's Printed Name & Phone # Signature: Parent's Name (if under 18):

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